

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 49     | 2/2/01   |
| FORMALITY REVIEW          | S.B      | JC 895 | 02-22-01 |
| RESPONSE FORMALITY REVIEW | M.H      | 621    | 05-02-01 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date   |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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